



The Commonwealth of Massachusetts  
Division of Registration  
Board of Social Workers  
c/o Exporior  
1260 Energy Lane  
St. Paul, MN. 55108  
ATTN: MA SOCIAL WORKERS  
1 800-813-6671

1. Applicant Name: \_\_\_\_\_  
Last First Middle

2. Permanent Address: \_\_\_\_\_  
No. Street Apt. #-  
\_\_\_\_\_  
City/Town State Zip Code

3. Business Address (If Applicable): \_\_\_\_\_  
No. Street Apt. #  
\_\_\_\_\_  
City/Town State Zip Code

4. Which address should appear on your license ? Permanent \_\_\_\_\_ Business \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

6. Maiden Name/Other Name: \_\_\_\_\_

7. Tel. #: Day (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, Evening (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8. **Please Indicate the license level you are applying for:**

\_\_\_\_\_ **Licensed Independent Clinical Social Worker (LICSW)**

\_\_\_\_\_ **Licensed Certified Social Worker (LCSW)**

\_\_\_\_\_ **Licensed Social Worker (LSW)**

\_\_\_\_\_ **Licensed Social Work Associate (LSWA)**

9. Social Security Number (**Mandatory**): \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

10. List any licenses/certifications you hold in the United States as a Social Worker or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state (other than Massachusetts) or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Give the names and addresses of three persons who have been closely associated with you in the practice of social work and whom you have asked to file a reference form with the Board. One of the references must be, or have been, your supervisor in a social work setting.

A. Name\_\_\_\_\_ Title or position\_\_\_\_\_  
Address\_\_\_\_\_ Telephone\_\_\_\_\_  
B. Name\_\_\_\_\_ Title or position\_\_\_\_\_  
Address\_\_\_\_\_ Telephone\_\_\_\_\_  
C. Name\_\_\_\_\_ Title or position\_\_\_\_\_  
Address\_\_\_\_\_ Telephone\_\_\_\_\_

17. I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Social Work to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Please attach recent 2" X 2"  
photograph here

SEAL

Notary Name (print)\_\_\_\_\_

Notary Signature\_\_\_\_\_

My commission expires:\_\_\_\_\_